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20051128000614000 1/3 \$17.00
Shelby Cnty Judge of Probate, AL
11/28/2005 02:12:22PM FILED/CERT

NAME
ADDRESS
CITY
STATE & ZIP

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AS TO ITS EXECUTION OR AS TO ITS
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TITLE ORDER NO.

ESCROW NO.

236130000013092
APN NO.

AFFIDAVIT OF DEATH OF JOINT TENANT

State of
County of ALABAMA, SHELBY } ss

Carolyn Cotterman, of legal age, being first duly sworn, deposes and says:
That Michael Cotterman, the decedent mentioned in the attached certified copy of
Certificate of Death, is the same person as Michael Cotterman
named as one of the parties in that certain Corporation Joint Survivorship Deed dated Dec. 17, 1999,
executed by J. Elliott Corporation, by James W. Elliott, President
to Carolyn and Michael Cotterman,
as joint tenants, recorded as Instrument No. 1999-51244 on Dec. 20, 1999, in
Book _____, Page _____, of _____ Records of Shelby
County, AL, covering the following described property situated in the said County, State of _____,

SEE EXHIBIT "A" FOR LEGAL DESCRIPTION

That the value of all real and personal property owned by said decedent at date of death, including the full value of the property above described, did not then exceed the sum of \$ _____

PREPARED BY:
CAROLYN COTTERMAN
320 FOREST HILLS LANE
ALABASTER, AL 35007

\$240,000 Carolyn Cotterman
Carolyn Cotterman

Subscribed and Sworn to before me

this 3 day of Oct. 2005

Ronda Lowery Luke
Signature Ronda Lowery Luke

Notary Public Commissioned for said County and State Shelby Alabama

(This area for notarial seal)

This is a true and exact copy of the record on file with the Shelby County Health Department

Shula Keller

Signature of Local Registrar

JUN 11 2004

Date of Issue

20051128000614000 2/3 \$17.00
Shelby Cnty Judge of Probate, AL
11/28/2005 02:12:22PM FILED/CERTALABAMA
CERTIFICATE OF DEATHCounty
File
Number --

State File Number 101

TYPE IN PERMANENT
BLACK INK. DO NOT
USE GREEN, RED, OR
BLUE INK.

1. DECEASED--NAME First Middle Last (Type last name all capitals) Michael Kent COTTERMAN			2. DATE OF DEATH (Month, Day, Year) May 24, 2004		3. COUNTY OF DEATH Shelby	
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE Alabaster 35007			5. INSIDE CITY LIMITS (Specify Yes or No) No		6. PLACE OF DEATH--HOSPITAL OR OTHER INSTITUTION--(If not in either, give street and number) 320 Forest Hill Lane	
7. IF HOSPITAL (Specify Inpatient, ER or Outpatient, DOA) No			8. OF HISPANIC ORIGIN (Specify Yes or No) If Yes, Specify Cuban, Mexican, Puerto Rican, etc. No		9. RACE--(Specify American Indian, Black, White, etc.) White	
10. SEX Male			11. AGE 55 YRS.		12. UNDER 1 YEAR MOS. DAYS HOURS MINS.	
13. DATE OF BIRTH (Month, Day, Year) September 12, 1948			14. DECEASED'S SOCIAL SECURITY NUMBER [REDACTED]		15. EDUCATION (Specify ONLY highest grade completed below) Elementary or High School (K-12) College (1-4 or 5+) +4	
16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced) Married			17. SURVIVING SPOUSE (If wife, give maiden name) Carolyn A. Jackson		18. Was Decedent ever in Armed Forces (Specify Yes or No) No	
19. STATE OF BIRTH (If not in USA, name country) Ohio			20. RESIDENCE--STATE Alabama		21. COUNTY Shelby	
22. CITY, TOWN, OR LOCATION AND ZIP CODE Alabaster 35007			23. INSIDE CITY LIMITS (Specify Yes or No) No		24. STREET AND NUMBER 320 Forest Hill Lane	
25. INFORMANT--Name and Address Carolyn J. Cotterman 35007			26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Self Employed		27. KIND OF BUSINESS OR INDUSTRY Real Estate Analyzer	
28. FATHER--NAME First Middle Last Calvin Kent Cotterman			29. MAIDEN NAME OF MOTHER-- First Middle Last Mary Virginia Neiheiser		30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other) Cremation	
31. DATE OF DISPOSITION (Month, Day, Year) 05-26-2004			32. CEMETERY OR CREMATORY--Name Abanks Crematory		33. LOCATION--(City or Town--State) Birmingham, Al.	
34. FUNERAL HOME--Name and Address Rockco Funeral Home			35. FUNERAL DIRECTOR--Signature <i>James W. Bach</i>		36. DATE SIGNED BY FUNERAL DIRECTOR 05-26-2004	
37. <input checked="" type="checkbox"/> Certifying Physician (Physician certifying cause of death) "To the best of my knowledge death occurred at the time and date and due to the cause(s) and manner stated." Medical Examiner Coroner On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, place, and due to the cause(s) and manner stated. Signature: <i>Andrew P. Duxbury</i>			38. DATE SIGNED (Month, Day, Year) June 2, 2004		39. TIME AND DATE OF DEATH May 24, 2004 2341	
40. DATE AND TIME PRONOUNCED DEAD (For Coroner/M.E. use only) May 24, 2004 2341			41. NAME AND TITLE OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) Andrew Duxbury MD		42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) 2000 6th Avenue S, Birmingham AL 35233	
43. REGISTRAR--Signature <i>Shula Keller</i>			44. DATE FILED (Month, Day, Year) June 11, 2004		45. CERTIFIER LICENSE NUMBER 22281	

MEDICAL CERTIFICATION

46. PART I Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. LIST ONLY ONE CAUSE ON EACH LINE. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. GLIOBLASTOMA (BRAIN CANCER)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 yrs	
b. DUE TO (OR AS A CONSEQUENCE OF):				
c. DUE TO (OR AS A CONSEQUENCE OF):				
d. DUE TO (OR AS A CONSEQUENCE OF):				
47. PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I			48. WAS THERE A PREGNANCY IN LAST 42 DAYS? (Specify Yes, No, or Unk.) No	
49. MANNER OF DEATH (Specify--Accident, Homicide, Suicide, Undetermined Circumstances, Pending Investigation, Natural Cause) Natural Cause			50. AUTOPSY (Specify Yes or No) No	
51. If yes, were findings considered in determining cause of death? (Specify Yes or No)				
52. HOW INJURY OCCURRED (Enter nature of injury in Item 46, Part I or Item 47, Part II)			53. DATE OF INJURY (Month, Day, Year)	
54. HOUR OF INJURY M				
55. INJURY AT WORK (Specify Yes or No)			56. PLACE OF INJURY--(Specify at home, farm, street, factory, office building, etc.)	
57. LOCATION OF INJURY (Street or R.F.D. No., City or Town, State)				

This is a legal record and must be filed within five (5) days after death.

ADPH HS 2 Rev 11 93

SSN: 288-44-7491

NAME OF DECEASED Michael Kent Cotterman

20051128000614000 3/3 \$17.00
Shelby Cnty Judge of Probate, AL
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Exhibit "A"

Loan Number : 0060911864 in the county of SHELBY in the state of ALABAMA

THE FOLLOWING DESCRIBED REAL ESTATE, LYING AND BEING IN THE COUNTY OF SHELBY, STATE OF ALABAMA, TO-WIT:

LOT 62, ACCORDING TO THE MAP OF FOREST HILLS, 2ND SECTOR, RECORDED IN MAP BOOK 21, PAGE 50 A AND B, IN THE PROBATE OFFICE OF SHELBY COUNTY, ALABAMA. MINERAL AND MINING RIGHTS EXCEPTED.

BEING THE SAME PARCEL CONVEYED TO CAROLYN A. COTTERMAN AND HUSBAND, MICHAEL COTTERMAN FROM J. ELLIOTT CORPORATION, A CORPORATION BY VIRTUE OF A DEED DATED DECEMBER 17, 1999 RECORDED DECEMBER 20, 1999 IN DEED DOCUMENT NO. 1999-51244 IN SHELBY COUNTY, ALABAMA

APN: 236130000013092